



STATE OF IDAHO DEPARTMENT OF ENVIRONMENTAL QUALITY

DRINKING WATER PLANNING GRANT

PROOF OF PROFESSIONAL LIABILITY

Name of Engineering Firm			
Address			
City	State	Zip Code	Telephone
Name of Insurance Company			
Address			
City	State	Zip Code	Telephone
Policy Number			
Effective Date of Policy			
Expiration Date of Policy			
Policy Limits *			
Signature of Authorized Representative			Date

* Must be at least \$100,000 or twice the project cost, whichever is greater.